



State of Hawaii
COMMISSION ON WATER RESOURCE MANAGEMENT
Department of Land and Natural Resources

WELL INFORMATION RELEASE REQUEST

Instructions: Please print in ink or type and send completed form with attachments to the Commission on Water Resource Management, via mail to P.O. Box 621, Honolulu, Hawaii 96809, via facsimile to (808) 587-0219, or via e-mail to dlmr.cwrmm@hawaii.gov. For further information and updates to this application form, visit <http://www.hawaii.gov/dlnr/cwrmm>.

For Official Use Only:

Well Info Request No.: _____

Please complete the information below to request a release of well information in the form of maps, database information, and file documents. Upon submission, Commission staff shall review the request prior to delivery of the requested information.

Name:
ID Type: (Make photocopy and attach)
Company and Mailing Address:
Company Phone Number, Fax, and Email:
Specific Information Desired: (Include map delineating area of interest)
List all uses of and explain why you want the information:
Identify all other parties to whom the information will be provided:
Evidence of Contract with primary party: (Attach photocopy and provide primary party contact information)

Approval is based on your agreement to the following understandings and conditions:

1. Due to security concerns, the well information is for your use only. Any well information provided by the Commission to the requestor shall not be viewed or given out to others not listed in this request by the requestor.
2. The well information is constantly reviewed and updated by the Commission staff for accuracy, but the Commission does not certify or imply that the well information provided to you is completely correct. Any use of the data contained therein shall be at your own risk.

If you agree to the above understandings and conditions, please signify your agreement by signing below and returning this request/agreement to the Commission. Staff may consult with the Office of Information Practices and/or the Deputy Attorney General before the requested information is provided. Upon receipt of the signed agreement, the Commission will send the requested information to you.

I agree to the above understanding and conditions:

Signature

Date

For Official Use Only:

Staff providing information:

Date provided: